

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		03/10/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	12/1531	3/16
FORMALITY REVIEW		71531	5.5.00
RESPONSE FORMALITY REVIEW			11.01.00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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7	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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